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(((H18000120625 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007 Phone :

: (702)866-2500

Fax Number

: (702)866-2689

S TALLENT

APR 23 2018

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

documents@Incor

REGISTERED AGENT CHANGE PIERCE MANAGEMENT GROUP, INC.

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From: TA:10.55.88.9:19813 Page: 1/1 Date: 4/18/2016 6:40:16 AM



April 18, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PIERCE MANAGEMENT GROUP, INC. 1965 CLEAR BROOKS DRIVE SIGNAL MOUNTAIN, IN 37377US

SUBJECT: PIERCE MANAGEMENT GROUP, INC.

REF: P03000006965

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II FAX Aud. #: H18000120625 Letter Number: 418A00007841

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SECRETARY OF STATE

FALL AHASSEE. FLOSTOR

P.O BOX 6327 - Tallahassec, Florida 32314

4180001206253

COVER LETTER

TO: Amendment S Division of Co	ection orporations			
SUBJECT:	Pierce Management C	Group, Inc.		
	Name of Corp	poration		
DOCUMENT NUME	BER: P0300	0006965		
The enclosed Statemer	nt of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return all corres	spondence concerning this matter to	the following:		
	.F	, 10116g.		
	I:			
Jennifer Sharp Name of Contact Person				
inCorp Services, Inc.				
	Firm/Comp	pany		
	3773 Howard Hughes P.	low - Suite 500S		
	Addres			
	Las Vegas, NV 8	9169-6014		
	City/State and 2	Zip Code		
	dogumento@inc	oorn oom		
E-1	documents@inc mail address: (to be used for futu	re annual report notification)		
For further information	concerning this matter, please call	:		
Jennifer Sharp or	behalf of InCorp Services, Inc. a	at (702) 866-2500 Area Code & Daytime Telephone Number		
Name o	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 cl	neck made payable to the Departme	ent of State.		
	Mailing Address: Amendment Section	Street Address:		
		Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
	,	Tallahassee, FL 32301		

CR2E045 (03/12)

H180001206253

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	ovisions of sections 607.0502, 617.050 te is submitted for a corporation organ		`	
-	o change its registered office or registe	-	<i></i>	-
1. The name of the	corporation: Pierce Management C	Group, Inc.		
2. The principal of	COOD Objective and and			
	Gainesville, GA 30506			
3. The mailing add	ress (if different):			
4. Date of incorpor	ration/qualification: 01/17/2003	Document number:	P030000069	85
	reet address of the current registered a tent of State: (If resigned, enter resigne		with the	
	LINDSEY, WM	n. SCOTT		
	1407 Pledmont	Drive East		ெ
_	Tallahassee, I	FL 32308		750 TI
6. The name and so (if changed);	reet address of the new registered ager	at (if changed) and /or registered of	office	
_	InCorp Service	es, Inc.	\ 	g yg
	17888 67th Co	ourt North		<u>}</u>
	P.O. Rux NOT	•		
	Loxahatchee,	FL 33470		
	of its registered office and the street and identical. authorized by resolution duly adopted poard, or the corporation has been not			çent,
Signature	f an officer or director	Printed or typed name and t	ii Ba	-
I hereby accept the I further agree to o performance of my agent. Or, if this o hereby confirm the	e appointment as registered agent and comply with the provisions of all statu- duties, and I am familiar with and a locument is being filed merely to refle at the corporation has been notified in	l agree to act in this capacity ites relative to the proper and co coept the obligation of my position of a change in the registered off writing of this change.	mplete on as registered ice address, l	,
	porti Registeroli Agent	April 12, 2018	3	_
(f signing on behal	f of an entity:			
	harp on behalf of InCorp Services,	inc.		
	* * * FILING FEI	B: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

418000 1206253